

**N.H. EMERGENCY MEDICAL & TRAUMA SERVICES  
COORDINATING BOARD**

**Cheshire Medical Center – Keene, NH**

**“APPROVED MINUTES”**

**July 15, 2004**

**Members Present:** Fred Heinrich; David Hogan; Janet Houston; Douglas McVicar, MD; Shawn Mitchell; Jackie Normile; Suzanne Prentiss; Joseph Sabato, MD; Norman Yanofsky, MD

**Members Absent:** Steve Achilles; David Duquette; Paul Gamache; Stephen Grise; Julie Lastowka; Karen Lord; ; Susan Reeves; Dianne Roberts; John Sutton, MD

**Excused:** Eileen Bartlett; J. Mastromarino, MD ; C. Wilmot, MD

**Guests:** Dave Dubey, Jonathan Dubey, Steve Erickson; Frank Keslof; Mark Parker, MD

**Bureau Staff:** Wanda Botticello, Exec. Sec.; Liza Burrill, Educational Coordinator; John Clark, ALS Coordinator; Kathy Doolan, Field Services Coordinator; Clay Odell, Trauma Coordinator; Fred von Recklinghausen, Research Coordinator

- ♦ **12:45 PM - Prior to the formal meeting/Special Presentation:** Dr. Mark Parker offered a tour of the newly renovated Cheshire Medical Center to all that were interested.

**I. CALL TO ORDER**

**Item 1.** The meeting of the Emergency Medical & Trauma Services Coordinating Board was called to order by Joe Sabato, MD, Chair at 1:05 PM on July 15, 2004, at the Cheshire Medical Center, Keene, New Hampshire.

All were welcomed and introductions of those present at the meeting site were completed.

**II. ACCEPTANCE OF MINUTES**

**Item 1. May 20, 2004 Meeting Minutes**

L. Burrill corrected the publication date of the USDOT Instructor Training standards from 2000 to 2002 in “Item 7” of the May minutes. With this change noted, D. McVicar made a motion to approve the minutes, N. Yanofsky seconded and all present approved the meeting minutes.

**III. DISCUSSION ITEMS**

**Item 2. – NH EMS Medical Control Board Report** – J. Mastromarino was not present

at the meeting. J. Sabato summarized the morning MCB meeting asking for input from D. McVicar and N. Yanofsky. D. Alberston presented the group with the key priorities of the ALS Protocol Committee, which he Chairs, has been working on. This includes having protocols the same statewide with prerequisites defined for high risk, low volume skills. Discussion followed. D. Albertston will keep the group updated.

**(Please refer to the May 20, 2004, MCB Minutes for detailed information.)**

The Chair asked the membership to allow a change in the agenda because the person presenting "Medical Reserve Corp. Status Report" – B. Brown, needed to be at another location later today. The group agreed to move "Item 9" to be next on the agenda.

**Item 9. (Moved forward) – Medical Reserve Corp Status Report – B. Brown**

Handouts entitled "Citizen Corp: Uniting Communities /Preparing the Nation" were handed to the group. Three NH entities are approved as Medical Reserve Corps sites, Nashua, Derry and Littleton. In order to best prepare EMT's, nurses, physicians and other allied health personnel who are involved in the Medical Reserve Corps activities, a training opportunity in Basic Disaster Life Support (BDLS), an 8 hours course, and Advanced Disaster Life Support (ADLS), a sixteen-hour course is being coordinated. Each are four year certifications. These programs are similar, but different from, the New England Council MCI training program and additional modules are available. An October class is scheduled and applications are available.

**Item 3. – NH Bureau of EMS Report – S. Prentiss**

Because the agenda is lengthy the Bureau Chief asked that everyone refer to the written report in the packets and offered to other attendees as requested.

S. Prentiss reported that the EMS "List Serve" is up and running and has 80% or more of the licensed Units in the list.

Also reported was the staffing of the EMS office during the Democratic National Convention (DNC). Four staff members covered from 4 PM to 1 AM in the event that Boston C-MED needed confirmation of licensure or verification of personnel on an ambulance coming into the City.

**(Please refer to the July 15, 2004, Bureau of EMS Report for more details.)**

**Item 4. – Regional Council Presentation – Region Three – F. Keslof**

A PowerPoint presentation was offered to the attendees with the topic being the Seacoast EMS Region III. Demographics, Council and District info, protocol coordination within the Region was all explained. The testing of EMT-B's is a large part of this Regional Councils job. Education seminars have also been coordinated and offered by the Council. A QI/QA process has been developed for all Services by the Council, it is a "menu" approach (handouts offered – "A Guideline for Development of Performance Improvement Policy").

**Item 5. NHBEMS Goals & Objectives – Goal #5 – S. Prentiss**

The Bureau Chief gave an update on Goal # 5: The Customer Satisfaction goal has five

objectives, three of the five have to date been completed. Two are in progress. S. Prentiss will look into on-line access to verify licensure.

**Item 6. – MCI Committee Status Report – F. Heinrich**

Handouts were offered to the group on the New England Council (NEC) program and a news article on the Rhode Island (RI) Nightclub Fire report. The RI report may change the thoughts on the MCI training needed by emergency responders. Communications on-scene is the largest problem and hopefully the Interoperability project will take care of these issues. There are also concerns that the pediatric section of the NEC MCI plan is lacking. The START program was also discussed along with “JumpSTART” (the pediatric component).

Discussion followed about the hospital role in triage and prehospital MCI training, what we can do to assist communities with the planning aspect and the use of the Incident Command System (ICS). Joanne LeBrun, a instructor for the NEC Program will be at the September meeting to present on the program. This topic will be brought back to the next meeting. A motion was made by S. Mitchell to recommend ICS for all Providers and to wait to hear more from the group before recommending a particular program for MCI. D. Hogan seconded and the group voted unanimously in favor of the motion.

A last comment was made that in some communities EMS cannot depend on the Fire Service responders to set up the ICS for the incident – there is not enough experience in it. The Committee was then commended for the work they have done on this topic.

**Item 7. – Alternative to the Refresher Process – Concord Fire / LRGH Reps.**

S. Mitchell & J. Swenson from Concord Fire Department reported on the evaluation project that took place in their agency. Background on the agency and the project was given. Per the presenter “no glaring” results came from the project. The paperwork follow through was difficult with Department personnel changes that occurred during the project. The ball was dropped and upon review the Department feels that it will not work in this agency. Although there are problems with the current exam process – it will work the best for this agency.

N. Mecuri reported on the Lakes Region General Hospital (LRGH) evaluation project and the results were similar to that of Concord Fire Department. Handouts were offered to the group present outlining the project and the skill sheets used during the process. Even though many Providers involved in the project did not accurately document their skills abilities, positive things have come out of the project. The three full-time Departments involved are going to continue the “Provider Skill Day” and skill review sessions. Until a better system is put in place it is felt that the current exam process will work best.

S. Prentiss stated a new Evaluation Project is being started in September to test another Alternative to Refresher Training, including the exam portion. This will be modular, and presented over a two year period. Each Region has one site to be evaluated and an orientation for the I/C’s that have volunteered to try this out is planned.

**Item 8. – Fire & Emergency Services Instructor Curriculum – L. Burrill**

A PowerPoint presentation was given explaining where the Instructor program currently

stands. There are 293 active Fire Instructors and 126 EMS Licensed Instructors currently. A comparison and status was given on the history of each program. L. Burrill showed the group how the new curriculum was going to mesh and what this meant for the current Instructors from both Fire and EMS. The program will go from a 48 hour to a 60 hour program which will include the testing process for any Instructors striving towards EMS Instructor/Coordinator licensure. Liza continues to work with Dean Chandler on this initiative.

**Item 9.** – Medical Reserve Corp Status Report (**See above**)

**Item 10.** – Voluntary “Best Practices” – Ambulance Trans. Safety – S. Prentiss

The Bureau Chief offered a handout to be reviewed for next meeting regarding this topic.

**Item 11.** – Items of Interest

The Chairman stated that the vaccination project will be discussed at next meeting.

#### **IV. ADJOURNMENT**

Motion was made by N. Yanofsky to adjourn the meeting at 4:00 PM. Seconded by D. McVicar and approved by all present.

#### **V. NEXT MEETING**

**Sept. 16, 2004 – St. Joseph’s Hospital – Nashua, NH**

Rockingham Regional Ambulance will be presenting “black box” technology and Joanne LeBrien will be presenting on the New England Council MCI curriculum.

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by K. Doolan, Field Services Coordinator)